AO 240 (Rev. 10/03) DELAWARE (Rev. 4/05)

		UNITED STATES DIS DISTRICT OF DI		
	M.J.	Plaintiff V. When the Correction Defendant(s)	APPLICATION TO WITHOUT PREPA FEES AND AFT	YMENT OF
I, _//	21/2.	L A Wathins	declare that I am the (checl	x appropriate box)
• •	Petition	ner/Plaintiff Movant • • Other		
28 US	C §1915	titled proceeding; that in support of my request, I declare that I am unable to pay the costs of omplaint/petition/motion.	1 1 7	
In supp	ort of th	nis application, I answer the following questions	s under penalty of perjury:	
1.	Are yo	u currently incarcerated? Yes	No (If "No" go to Quest	ion 2)
	If "YES" state the place of your incarceration Deknowe Correctional Center			
•				COM
	Inmate Identification Number (Required): 60355753			
	Are you employed at the institution? No you receive any payment from the institution?			
	Attach transac	a a ledger sheet from the institution of your inco ctions	arceration showing at least th	e past six months'
2.	Are yo	u currently employed? • Yes		
	a.	If the answer is "YES" state the amount of you and give the name and address of your employee.		and pay period a
	b.	If the answer is "NO" state the date of your la salary or wages and pay period and the name	- ·	•
3. In the past 12 twelve months have you received any money from any of the following sources?		ng sources?		
	a.	Business, profession or other self-employmen		No
	b.	Rent payments, interest or dividends	• • Yes	C. No
	c.	Pensions, annuities or life insurance payments		No.
	d.	Disability or workers compensation payments		No.
	e.	Gifts or inheritances	• • Yes	No.
	f.	Any other sources	• • Yes	NO

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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4.	Do you have any cash or checking or savings accounts?	·· Yes •No		
	If "Yes" state the total amount \$			
5.	Do you own any real estate, stocks, bonds, securities, other finance	cial instruments, automobiles or other		
	valuable property?	· · Yes · · No		
	If "Yes" describe the property and state its value.			
	NA			
6.	List the persons who are dependent on you for support, state your indicate how much you contribute to their support, <i>OR</i> state <i>NON</i>	relationship to each person and E if applicable.		
	NA			
	I declare under penalty of perjury that the above information is tree	ue and correct.		
4/1	25/08 Milhe a 4 DATE SIGNATURE O	Mathens FAPPLICANT		

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER SUPPORT SERVICES OFFICE MEMORANDUM

08-248

TO:	Milek u	Jatkins)	SBI#:3,5	5753
FROM:	Stacy Shane, Sup	port Services Secr	etary	
RE:	6 Months Accoun	nt Statement		
DATE:	april 23	1, 2008		
Attached are copies of your inmate account statement for the months of to				
<u>M</u> (<u>ONTH</u>	AVERAGE DA	ILY BALANCI	<u>3</u>
(<u>)(+</u>		<i></i>	_
	$\frac{1}{2}$			_
9	an	10		-
<u> </u>	Nauch			- -
Ave	erage daily balances	/6 months:	0	_

Attachments CC: File

Pare mue

MO# / Ck#	Trans #	Balance	Non-Medical Hold	Medical Hold	osit or drawal ount
Ending Month Balance:				Comments:	
Beginning Month Balance:			MI Suffix		First Name Malik
er 2007	cembe	7 to De	From October 2007 to December 2007	rom Oct	П
	nent	Staten	Individual Statement		

SBI

00355753

Last Name Watkins

Current Location: D/E

Commitments

11/14/2007

\$0.00

\$0.00

\$0.00

514122

Pay To

Source Name

\$0.00

Page 1 of 1

Ending Month Balance:

\$0.00

Deposit or Withdrawal Amount \$0.00

Trans Type

Date Printed: 4/23/2008

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: (\$5.44)

Supplies-MailPosta Supplies-MailPosta

2/21/2008 1/10/2008 Date

Trans Type

Deposit or Withdrawal Amount \$0.00 \$0.00

Medical Hold

Non-Medical Hold

\$0.00

541579 560189

Trans #

MO# / Ck#

Source Name

1/21/08 1/1/08 Pay To

\$0.00

\$0.00

\$0.00

(\$0.41) (\$0.41)

Date Printed: 4/23/2008

Individual Statement

Page 1 of 1

SBI Current Location: D/E 00355753 Watkins **Last Name** Malik First Name MI Suffix Beginning Month Balance: **Ending Month Balance:** \$0.00 \$0.00

Comments: From January 2008 to March 2008

Total Amount Currently on Medical Hold: \$0.00	Ending Month Balance:
)()	ing Month Balance:

Total Amount Currently on Restitution Hold: \$0.00 Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Other Hold: (\$5.44)